

## City of Lincoln Appointment Application

### PERSONAL INFORMATION

**Application Date:** 2/18/2011  
**Salutation:**                   **Applicant Name:** Raetz, Libby  
**Legal Residence:** 6410 Oakridge Dr                   **City/State/ZipCode:** Lincoln, ne 68516  
**Residence Telephone:** 402.488.1944                   **Business Telephone:**  
**Applicant Occupation:** Vice President of Nursing                   **Employer:** St Elizabeth Regional Medical  
**E-mail Address:** lreatz@stez.org  
**Affirmative Action Information: Sex** Female                   **Racial/Ethnic Background:**

### EDUCATION

Clarkson College, Omaha, NE MS-Health Services Management 1999  
Clarkson College, Omaha, NE MSN Nursing Administration 1999  
University of nebraska Medical Center, Omaha, NE BSN-Bachelor of Science in Nursing 1985  
University of nebraska Medical Center, Omaha, NE Associate Degree in Nursing 1978

### PRESENT OR PREVIOUS COMMUNITY/VOLUNTEER ACTIVITIES

### EMPLOYMENT

*Board(s) Requested*